

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/588937

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		1		1		1
4		3		3		1
5		①		①		1
6		①		①		1
7		①		①		1
8	1		1		1	
9		1		1		1
10		2		2		1
11	1		1		1	
12		1		1		1
13				①		
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TOTAL IND.	3	↓	3	↓	3	↓
TOTAL DEP.	12	←	13	←	9	←
TOTAL CLAIMS	15		16		12	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						